DPHHS-QAD/CRL-039 (New 7/99) Page 1 of 9

#### STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

Resident(s) may be interviewed individually or in a small group, preferably with no staff in attendance.

#### 1. Education ARM 37.97.238

Does the provider ensure that each resident is offered an educational program that is appropriate to the client's needs and in compliance with compulsory school attendance laws?

<u>Discussion</u>: Ask resident's if they feel they have an opportunity to get an education appropriate for them. Can they get special education, alternative schools, special tutoring? Supplies and books as needed for classes and gym? Homework opportunities? How does home participate in parent/teacher conferences? What is the involvement of legal parent's and facility staff?

Resident(s)/Licensing Specialist Comments:

Compliance: Yes [ ] No [ ]
2. Religion ARM 37.97.27037.97.502(1)(d)
Do resident's have the opportunity to voluntarily practice their religion?
<u>Discussion</u> : Ask resident's about scheduling for worship services? Is transportation available, if necessary? Can resident's receive visits from representatives of their faith? Are resident's <b>required</b> to participate in religious services that are not of their choosing?
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]
3. Culture ARM 37.97.27037.97.502(1)(e)

Does the provider encourage resident's and give them the opportunity to identify with their cultural heritage?

DPHHS-QAD/CRL-039 (New 7/99) Page 2 of 9

choice?

facility's response.

#### STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

Resident(s)/Licensing Specialist Comments:

<u>Discussion</u>: Ask resident's if they have any concerns in this area. Are Indian children allowed to participate in pow wows or other cultural events? Is facility food/environment not so out of touch with youth's cultural heritage as to cause physical illness or mental/emotional negative reactions?

Compliance: Yes [ ] No [ ]
4. Food and Nutrition ARM 37.97.27037.97.502(1)(b)
Does the home provide three regular, well-balanced meals daily? Nutritious snacks? Are special diets provided and kept on file?
<u>Discussion</u> : Ask resident's about meals and snacks and special diets. If any resident's are on special diets, ask to see physician's order.
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]
5. Clothing ARM 37.97.27037.97.502(1)(f)

Does the home provide each resident with appropriate clothing? Does the youth have some

Discussion: Observe and interview resident's about their clothing needs, clothing choices and the

DPHHS-QAD/CRL-039 (New 7/99) Page 3 of 9

# STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

## RESIDENT INTERVIEW GUIDE Child Care Agency

Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]
6. Personal Hygiene ARM 37.97.27037.97.502(1)(g)
Do resident's receive training from the provider in personal care, hygiene and grooming? Do resident's have necessary hygienic supplies?
<u>Discussion</u> : Ask resident's about their need for training and for supplies, and the agency's response.
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ] 7. Privacy ARM 37.97.27037.97.502(1)(h)
Do resident's have sufficient opportunities for privacy? Access to a quiet area? His or her own bed?
<u>Discussion</u> : Ask resident's how they feel about their opportunities for privacy and whether the staff allow them to display socially appropriate works and symbols of identity. Do
they have adequate space and time to meet with friends and relatives?
Resident(s)/Licensing Specialist Comments:

DPHHS-QAD/CRL-039 (New 7/99) Page 4 of 9

# STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

## RESIDENT INTERVIEW GUIDE Child Care Agency

Compliance: Yes [ ] No [ ]
8. Economic Independence ARM 37.97.27037.97.502(1)(j)
Does the provider prepare the resident's for economic independence?
<u>Discussion</u> : Ask resident's how/if they feel they are being prepared for employment? Shopping? Money management? Are their chores and/or jobs well-supervised? Do the resident's understand which tasks they are expected to perform as resident's versus jobs to earn spending money or jobs performed as training? How is personal income to the resident handled by the agency?
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]
9. Recreation ARM 37.97.27037.97.502(1)(k)
Are resident's encouraged to participate in recreation and leisure time activities? Are efforts
made by the provider to involve residents in suitable community programs?
<u>Discussion</u> : Ask resident's if they can continue to be involved in constructive activities that they were involved in prior to being admitted to the agency. Does the agency provide transportation and supervision as needed for evening and weekend activities?
Resident(s)/Licensing Specialist Comments:

DPHHS-QAD/CRL-039 (New 7/99) Page 5 of 9

## STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

Computance Vest 1Net 1
Compliance: Yes [ ] No [ ]
<b>10.</b> Health and Treatment 37.97.27037.97.506(1-6)
Are medical, dental, psychological, psychiatric or counseling services obtained for resident's as needed?
<u>Discussion</u> : Ask resident's if they received a physical examination within 30 days of admission (if they did not have an exam within one year of admission). Were identified medical or dental problems treated?
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]
<b>11. Discipline</b> 37.97.27037.97.506(7)
Have resident's been given a copy of the agency's discipline policy and do they understand it?
<u>Discussion</u> : Ask resident's if they have seen the written discipline policy and house rules. Do they clearly understand what is expected and the consequences? Have they been involved in infractions and do they feel they were appropriately handled? Any major complaints?
Resident(s)/Licensing Specialist Comments:
Compliance: Yes [ ] No [ ]

12. Safety ARM 37.97.270--37.97.509(6)(7)

DPHHS-QAD/CRL-039 (New 7/99) Page 6 of 9

## STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

Have resident's, upon admission, received instruction from the provider on the evacuation procedures? Are all exits clear and unobstructed at all times? Is the evacuation procedure posted in a conspicuous place?

<u>Discussion</u>: Ask resident's how they would evacuate if there was an emergency. Do they know what to do? Ask them if exits can be opened and if they are unobstructed at all times? Can they tell you where the evacuation procedure is posted?

	Resident(s)/Licensing Specialist Comments:
<u>,                                    </u>	
Compliance:	Yes [ ] No [ ]
13. Supervisio	on ARM 37.97.207
	Does the provider maintain a proper staff/youth ratio of at least 1:8 during the day time
and	Does the provider maintain a proper stain youth ratio of at loads. 1.0 during the day time
	night? (Except for maternity homes, which are 1:15 during day time and
1:25 at ı	night.)
<u>Discuss</u>	sion: Ask resident's if they feel they receive adequate supervision and attention. Is a child
care sta	aff always present when any youth is in the home?
ı	Resident(s)/Licensing Specialist Comments:
	Resident of Licensing openians. Comments.
O	Was F. Share S
Compliance:	Yes [ ] No [ ]

DPHHS-QAD/CRL-039 (New 7/99) Page 7 of 9

#### STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

14.	Seclusion	, if	used	in	the	facility	/ ARM	37	.97.	257	7
-----	-----------	------	------	----	-----	----------	-------	----	------	-----	---

Interview two or more resident's who have been in seclusion recently and ask the resident(s)

if there is a method for them to express grievances regarding the use of seclusion. How long was the resident in seclusion? Was a staff member always within twenty feet of the room? Did a staff member visually check on the resident every 10 minutes? Does the resident feel he/she was placed in seclusion because he/she was in danger of harming self, others, or property? Does the facility use seclusion as punishment?

	Resident(s)/Licensing Specialist Comments:
Compliance: Y	es[ ]No[ ]
15. Case Plans	
	Do the resident and his/her family have an understanding of the placement goals, mutual
	ibilities, and privileges? Does the resident understand what is expected of him/her
	those goals? Was the resident and family involved in developing the case plan
	agency and referring party?
With the	agonoy and rototting party.
	Resident(s)/Licensing Specialist Comments:
<u></u>	
Compliance: Y	es[]No[]
Comphance. 1	es[]no[]

At closure of the resident interviews, ask the resident's if they have anything else they would like to say to contribute to your license study. Let resident's know where you can be reached and that you are available if they see the need.

DPHHS-QAD/CRL-039 (New 7/99) Page 8 of 9

# STATE OF MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES Quality Assurance Division

#### RESIDENT INTERVIEW GUIDE Child Care Agency

Additional Comments:	
Residents Interviewed	Date of Interview(s)
Residents Interviewed	<u>Date of Interview(s)</u>
Residents Interviewed	Date of Interview(s)